

Fill in this information to identify your case:

Debtor 1 Michael Scott Mogan
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number 22-01957
(If known)

☒ Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		Unsecured claim
1	<p>Access Group</p> <p>Creditor's Name <u>c/o Firstmark Services</u></p> <p>Number Street <u>P.O. Box 82522</u></p> <p><u>Lincoln</u> <u>NE</u> <u>68501</u> City State ZIP Code</p> <p>Contact <u>(888) 538-7378</u> Contact phone</p>	<p>What is the nature of the claim? <u>Student Loans</u> \$ <u>0.00</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>
2	<p>Department Of Education/NELN</p> <p>Creditor's Name <u>P.O. Box 82561</u></p> <p>Number Street <u>Lincoln</u> <u>NE</u> <u>68501</u> City State ZIP Code</p> <p>Contact <u>(888) 486-4822</u> Contact phone</p>	<p>What is the nature of the claim? <u>Student Loans</u> \$ <u>524,715.00</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>

Debtor 1 Michael Scott Mogan Case number (if known) 22-01957
First Name Middle Name Last Name

Unsecured claim

3	<p>Dave Willner, Jeff Henry and Sanaz Ebrahini <small>Creditor's Name</small></p> <p>1357 Johnson Street <small>Number Street</small></p> <p>Menlo Park CA 94025 <small>City State ZIP Code</small></p> <p><small>Contact</small></p> <p><small>Contact phone</small></p>	<p>What is the nature of the claim? <u>Judgment</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>	<p>\$ 22,159.50</p>
4	<p>Comcast <small>Creditor's Name</small></p> <p>The Corporation Company <small>Number Street</small></p> <p>600 S. 2nd Street, Ste 104 <small>Number Street</small></p> <p>Springfield IL 62704 <small>City State ZIP Code</small></p> <p><small>Contact</small></p> <p><small>Contact phone</small></p>	<p>What is the nature of the claim? <u>Internet/Cable</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>	<p>\$ 472.00</p>
5	<p>NV Energy <small>Creditor's Name</small></p> <p>8668 Spring Mountain Rd. <small>Number Street</small></p> <p>Las Vegas NV 89117 <small>City State ZIP Code</small></p> <p><small>Contact</small></p> <p><small>Contact phone</small></p>	<p>What is the nature of the claim? <u>Utilities</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>	<p>\$ 172.00</p>
6	<p>Las Vegas Athletic Club <small>Creditor's Name</small></p> <p>8668 Spring Mountain Rd. <small>Number Street</small></p> <p>Las Vegas NV 89117 <small>City State ZIP Code</small></p> <p><small>Contact</small></p> <p><small>Contact phone</small></p>	<p>What is the nature of the claim? <u>Gym</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>	<p>\$ 478.00</p>
7	<p>Charter Communications <small>Creditor's Name</small></p> <p>8014 Bayberry Road <small>Number Street</small></p> <p>Jacksonville FL 32256 <small>City State ZIP Code</small></p> <p><small>Contact</small></p> <p><small>Contact phone</small></p>	<p>What is the nature of the claim? <u>Internet/Cable</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>	<p>\$ 91.00</p>

Debtor 1 Michael Scott Mogan Case number (if known) 22-01957
 First Name Middle Name Last Name

		Unsecured claim	
8	Credit One Bank Creditor's Name 33589 Treasury Center Number Street Chicago IL 89193 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Credit Card</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>475.00</u>
9	City Of Chicago- EMS Creditor's Name 33589 Treasury Center Number Street Chicago IL 60694 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Ambulance</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>3,303.00</u>
10	Northwestern Medicine Creditor's Name P.O. Box 4090 Number Street Carol Stream IL 60197 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Medical Services</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>802.20</u>
11	Dave Willner, Jeff Henry, Sanaz Ebrahimi and Airbnb Inc. Creditor's Name <i>Corporation Service Company Which Will Do Business In California As CSC-Lawyers Incorporating Service Center</i> Number Street 2710 Gateway Oaks Drive, Suite 150N Sacramento CA 95833 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Judgment</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>162,734.10</u>
12	Sacks, Ricketts and Case LLP, Michele Floyd and Jacqueline Young Creditor's Name c/o DMM Corporate Services LLC Number Street 6730 North Scottsdale Road, Suite 220 Scottsdale AZ 85252 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Judgment</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>16,399.00</u>

Debtor 1 Michael Scott Mogan Case number (if known) 22-01957
 First Name Middle Name Last Name

Unsecured claim

13	Thomson Reuters Creditor's Name c/o Moss And Barrett Number Street 150 S. Fifth Street, Suite 1200 Minneapolis MN 55402 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Online Subscription</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>1,469.57</u>
14	Discover Bank Creditor's Name Discover Products Inc. Number Street P.O. Box 3025 City New Albany OH 43054-3025 State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Credit Card</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>2,741.00</u>
15	Citibank Creditor's Name P.O. Box 6497 Number Street Sioux Falls SD 57117 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Credit Card</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>7,900.00</u>
16	J.P. Morgan Chase Bank Creditor's Name P.O. Box 15369 Number Street Wilmington DE 19850 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Credit Card</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>2,645.00</u>
17	SBA Creditor's Name CESC-COVIL EIDL Service Center Number Street 14925 Kingport Rd. Fort Worth TX 76155 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Loan</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>3,886.28</u>

Debtor 1 **Michael** **Scott** **Mogan** Case number (if known) **22-01957**
First Name Middle Name Last Name

Unsecured claim

18

Creditor's Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? - _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

19

Number _____ Street _____

City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
None of the above apply

Does the creditor have a lien on your property?

- No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

20

Creditor's Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X s/ Michael Mogan _____

Signature of Debtor 1

Date 07/09/2024
MM / DD / YYYY

X _____

Signature of Debtor 2

Date _____
MM / DD / YYYY